

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018923

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 2000

Registrar's No. 172

FILED MAY 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in-1b 1 day	c. CITY OR TOWN Kirkville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR XXXXX Grim-Smith		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) OTTO HENRY LAUDWIG		4. DATE OF DEATH Month May Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> XXXXXXXXXXXX	8. DATE OF BIRTH 8/21/99
9. AGE (last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe factory & farmer		10b. KIND OF BUSINESS OR INDUSTRY & farming	
11. BIRTHPLACE (City and state or country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Charles Laudwig		13b. MOTHER'S MAIDEN NAME Anstina Kirtchner	
14. NAME OF HUSBAND OR WIFE Edith Dawson Laudwig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Edith Laudwig, Rt. 5, Kirkville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:45 A Month, Day, Year May 13, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from July 2, 1961 to May 13, 1963 and last saw him alive on May 13, 1963 Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Newton T. Eyerly MD	
22b. ADDRESS Kirkville, Mo		22c. DATE SIGNED 5.13.63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 16 1963	23c. NAME OF CEMETERY OR CREMATORY Highland Park	23d. LOCATION (City, town, or county) (State) Kirkville, Adair, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. May 16, 1963	26. REGISTRAR'S SIGNATURE Doris W. Rattliff	

MAY 22 1963

MILTON T. ENGLISH, M.D.

No permit issued
1-1
0-1
0-4

0-1
3-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.